## **FINANCIAL STATUS REPORT**



(Short Form)

(Follow instructions on the back)

Federal Agency to Which Report	and Organizational Eleme is Submitted	nt 2. Federal Grant o By Federal Age		entifying Number Assign	ed		OMB Approval No.	Page	of
General Service	es Administration						0348-0038		pages
3. Recipient Organ	ization (Name and comple	ete address, including ZIP	code)						pages
Charlie Daniels Secretary of St									
4. Employer Identif	ication Number	5. Recipient Accou	ınt Numbe	r or Identifying Number	6. Final Repo		7. Basis		
					Yes 🗸	No	Cash 🗸	Accr	uaí
8. Funding/Grant P From: (Month, E	eriod <i>(See instructions)</i> Day, Year)	To: (Month, Day, Y	(ear)	<ol><li>Period Covered by t From: (Month, Day,</li></ol>			To: (Month, Day	. Year	r)
4/15/2003		12/31/2006	·	1/1/2004	·		12/31/2004		,
10. Transactions:				l Previously Reported	ll This Perio		(II Cumula	tive	
a. Total outla	ys			0.00		0.00			0.00
b. Recipient s	hare of outlays								0.00
c. Federal sha	are of outlays			0.00		0.00			0.00
d. Total unliqu	uidated obligations								
e. Recipient	share of unliquidated oblig	ations							
f. Federal sha	re of unliquidated obligation	ons							
g. Total Feder	al share(Sum of lines c and	d f)							0.00
h. Total Fede	ral funds authorized for this	s funding period					2,5	69,7	38.00
i. Unobligated	balance of Federal funds	Line h minus line g)				:	2,5	69,7	38.00
11. Indirect		'X" in appropriate box) vistonal	Prede	termined	Final		☐ Fixed		
	b. Rate	c. Base		d. Total Amount		e. F	ederal Share		
legislation.	ch any explanations deeme				agency in com	oliance wi	th governing		
	certify to the best of my unliquidated obligations				nplete and tha	t all outla	ys and		
Туреd от Printed Na		are for the bulboses se	C TOTAL HE	nie awaiu uocuilieiits.	Telephone (Ar	ea code, i	number and exter	sion)	
Peggy Gram, C	hief Deputy Secretar	y of State			(501) 682-1010				
Signature of Authori	zed Certifying Official				Date Report Submitted				
Sem	my gra				February 2	8, 2006			
NSN 7540-01-218-4	387		269-20	2		Şt	andard Form 269	A (Re	v. 7-97)

Prescribed by OMB Circulars A-102 and A-110

Amended

## FINANCIAL STATUS REPORT (Long Form)

FILE COPY

(Follow instructions on the back)

	<ol><li>Federal Grant or Other By Federal Agency</li></ol>	Idanınying Number Assign	ed	OMB Approval Page of	
to Which Report is Submitted General Services Administration	0847443470000	No. 0348-0039			
Recipient Organization (Name and complete ad Secretary of State State Capitol	idress, including ZIP code)				
4. Employer Identification Number 710647443	j .	er or Identifying Number   8 Final Report		7. Bacis	
8. Funding/Grant Period (See Instructions)	1 01000	9. Period Covered by		D 0021 M A001481	
From: (Month, Day, Year) 7/1/2003	From: (Month, Day, 1/1/2004	To: (Manth, Day, Year) 12/31/2004			
10. Transactions:	-	l Previously Reported	t This Period	III Cumulativa	
a. Total outlays		0.00	226,647.62		
b. Refunde, rebates, etc.			_	0.00	
c. Program income used in accordance with in	io deduction alternative			0.00	
d. Net outlays (Line a, loss the sum of lines b	and c)	00.0	226,647.62	226,647.6	
Recipient's share of net outlays, consisting of:	ed mekendekende en en jog komputer proposition freger			2.00	
Third party (in-kind) contributions     Other Federal awards authorized to be used.	to match this award			0.00	
g. Program income used in accordance with the	e matching or cost			0.00	
sharing atternative h. All other recipient outlays not shown on lines.		······································		0.00	
i. Total recipient share of net outlaye (Sum of in				0.00	
<b>,</b>		0.00	0.00	0.00	
j. Federal share of not outlays (line d less line i	)	0.00	226,647.62	226,647,62	
k, Total unliquidated obligations		42.44			
I. Recipient's share of unliquidated obligations			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ள, Federal share of unliquidated obligations					
n. Total Federal share (sum of lines j and m)		Harris No.	226,647.62		
o. Total Federal funds authorized for this funding	peńcd				
		1	. 30	2,569,738.00	
p. Unobigated balance of Federal funds (Lino o	minus line n)			2,569,738.00	
	minus line n)	$A_{i} \otimes A_{i} \otimes A_{i} \otimes A_{i} \otimes A_{i}$	e a case de de de a fancientes		
rogram income, consisting of: q. Disbursed program income shown on lines c:	andior g above	Skilling and house of	and the second second second second		
rogram income, consisting of:  q. Disbursed program income shown on lines of:  f. Disbursed program income using the addition	andior g above	Skilling and house of	and the second second second second		
rogram income, consisting of:  q. Disbursed program income shown on lines of:  r. Disbursed program income using the addition  s. Undisbursed program income	and/or g above a siternative	Skilling and house of	and the second second second second		
rogram income, consisting of:  q. Disbursed program income shown on lines consisting the addition of the consisting the addition of the consisting program income.  I. Total program income realized (Sum of lines of the consisting program income)	and/or g above a siternative  g ( and s)	Skilling and house of	and the second second second second		
rogram income, consisting of:  q. Disbursed program income shown on lines of:  r. Disbursed program income using the addition  s. Undisbursed program income	andior g above a siternative  q r and s) appropriate box)			2,343,090.38	
rogram income, consisting of:  q. Disbursed program income shown on lines of:  r. Disbursed program income using the addition  s. Undisbursed program income  I. Total program income realized (Sum of lines of li	andior g above a siternative  q r and s) appropriate box)		□ Finat	2,343,090.38	
rogram income, consisting of:  q. Disbursed program income shown on lined of:  r. Disbursed program income using the addition  s. Undisbursed program income  1. Total program income realized (Sum of lines of li	and/or g above  a siternative  a c and c)  appropriate Dox)  a Prode  c. Base	etermined d. Tetal Amount	Q Finat c. Fe	2,343,090.38  0.00  Fixed deral Shere	
rogram income, consisting of:  q. Disbursed program income shown on lines of:  r. Disbursed program income using the addition  s. Undisbursed program income  t. Total pregram income realized (Sum of lines of lines of lines)  a. Type of Rate (Place "X" in a Dispense b. Rate  Expense b. Rate  Ramarks: Altach any explanations deemed ne governing tegislation.  No findirect Expense and no for	andior g above a siternative  q rend e) appropriete box) al D Prode c. Base accessary or information requi	eternined d. Tetal Amount ired by Federal sponsoring ding Grant Period.	C Float  c. Fe	2,343,090.38  0.00  Fixed deral Shere	
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200-498 P.O. 139 (Face)

Prescribed by OM8 Circulars A-102 and A-110